

# The Health of Tennessee's Women 2001

A Summary Report of Mortality and Women's Health Issues

FEBRUARY 2003

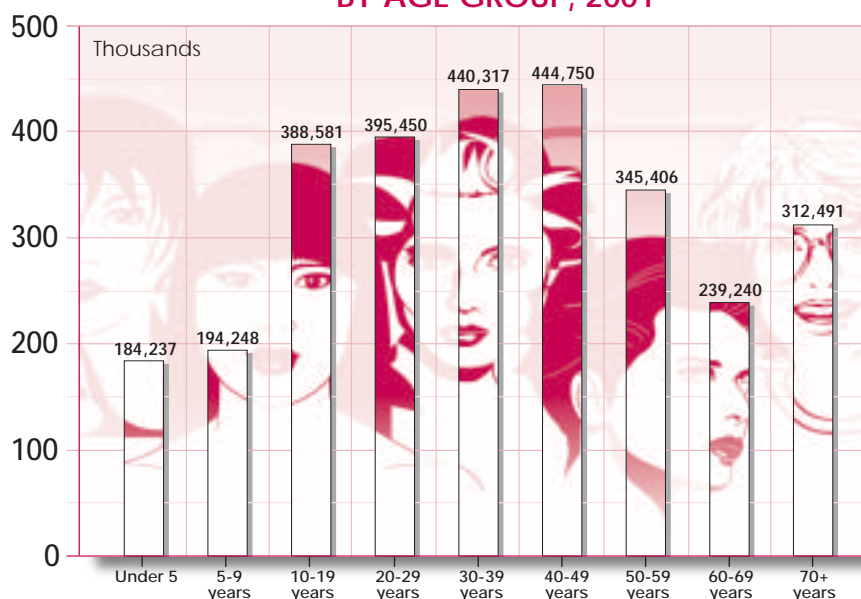
TENNESSEE DEPARTMENT OF HEALTH

*The Health of Tennessee's Women 2001* examines some of the factors that affect the health status of Tennessee's female population. Maternal risk factors such as adequate prenatal care, smoking, alcohol usage, and age greatly impact pregnancy outcomes. Adolescent mothers are at particular risk of having low-weight babies, as are mothers age 40 years and older.

Mortality trends and behavioral risk data are also included in this report. The challenge facing women as individuals is to modify their lifestyles to maintain good health and prevent diseases. Health education, preventive screening, and early detection are important factors to reduce mortality risk from diseases such as cancer, cerebrovascular and heart disease.

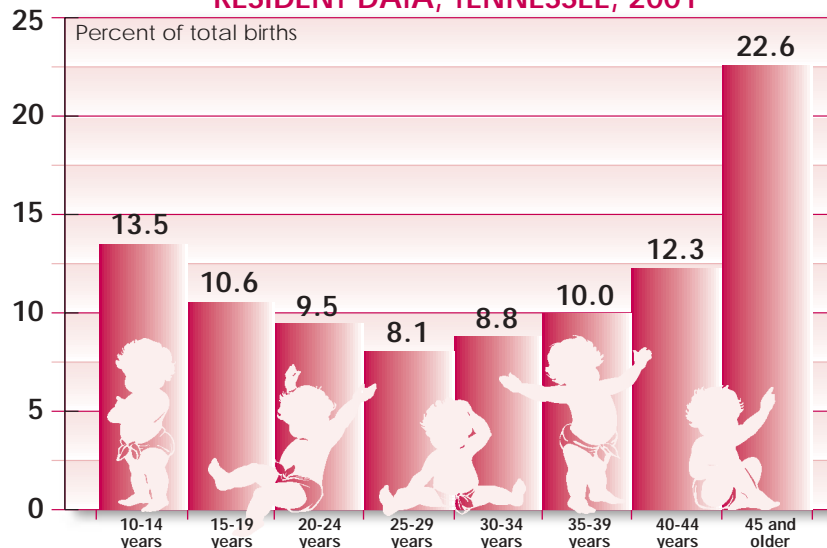
In 2001, the age group 40-49 contained Tennessee's greatest number of females (444,750). This age group accounted for 15.1 percent of Tennessee's total female population. The percentage of females under 10 years of age was 12.9, while 10.6 percent of females were aged 70 and older.

## TENNESSEE'S FEMALE POPULATION BY AGE GROUP, 2001



Source: Health Statistics and Research, Revised May 31, 2002 Population Estimates.

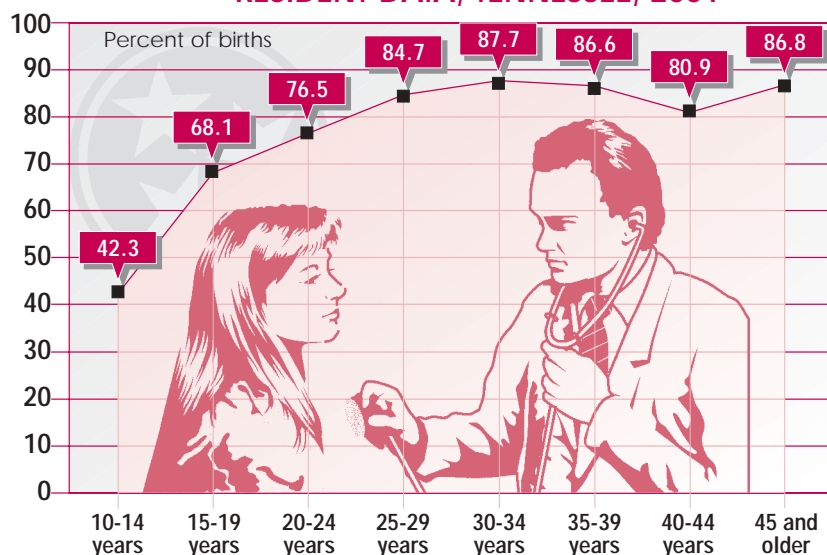
## PERCENT OF LOW-WEIGHT\* BIRTHS BY AGE GROUP RESIDENT DATA, TENNESSEE, 2001



\*A live birth weighing less than 2,500 grams (5 pounds, 8 ounces).

Low-weight babies are at higher risk of dying in the first months of life than babies of normal weight. Of the total births in 2001, 7,235 or 9.2 percent were under 2,500 grams. The low-weight percent of total births was greatest for mothers aged 45 years and older (22.6), followed by mothers aged 10-14 years (13.5), and mothers aged 40-44 (12.3). Of the total low-weight births, 25.5 percent of mothers reported tobacco use during pregnancy. White mothers reported the highest percentage (31.6), while black mothers reported a much lower tobacco use percentage (13.4). The national goal for low-weight births for the year 2010 is 5.0 percent of total live births.

# **PERCENT OF BIRTHS WITH PRENATAL CARE BEGINNING IN THE FIRST TRIMESTER, BY AGE GROUP RESIDENT DATA, TENNESSEE, 2001**



In 2001, there were 78,318 live births to Tennessee residents. Of the births to mothers ages 10-14, only 42.3 percent began prenatal care in the first trimester. The percentage of first trimester care by age group increased to a high of 87.7 percent for ages 30-34. The total percent of Tennessee births beginning care in the first trimester was 80.5. The national goal for the year 2010 is for 90.0 percent of all births to have prenatal care beginning in the first trimester.

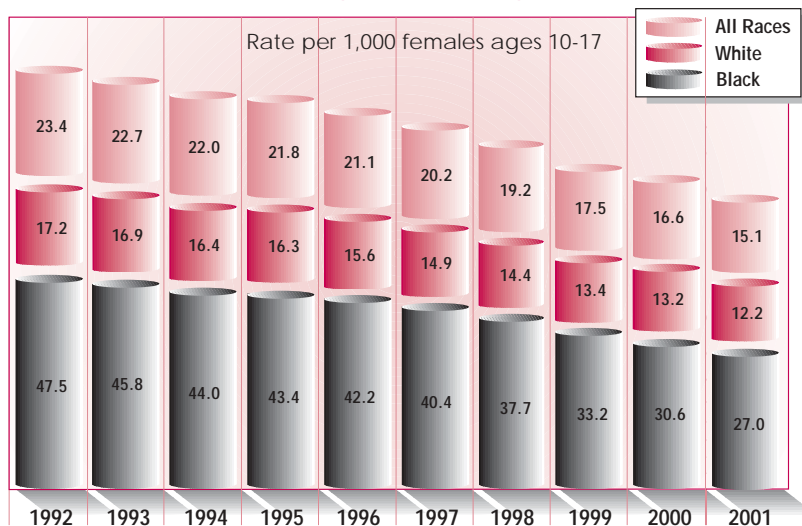
The percentage of 2001 births with adequate care was 70.5. This was a decrease from the 74.3 percent in 1997. In 2001, 4,443 or 5.7 percent of the total births had inadequate care, and 1,265 or 1.6 percent of the total births reported no prenatal care was received.

## **PERCENT OF LIVE BIRTHS BY ADEQUACY OF PRENATAL CARE RESIDENT DATA, TENNESSEE, 1997-2001**

	Adequate	Intermediate	Inadequate	No Care
2001	70.5	22.3	5.7	1.6
2000	73.1	20.1	5.2	1.6
1999	74.4	19.5	4.8	1.3
1998	74.8	19.1	4.7	1.4
1997	74.3	18.9	5.3	1.5

Adequacy of care derived from criteria defined in the Kessner Index, which classifies prenatal care on the basis of prenatal visits, gestational age, and the trimester care began. In addition to the specific number of visits indicated for inadequate care, all women who started their care during the third trimester (28 weeks or later) were considered to have received inadequate care

## **ADOLESCENT PREGNANCY RATES (10-17), BY RACE RESIDENT DATA, TENNESSEE, 1992-2001**

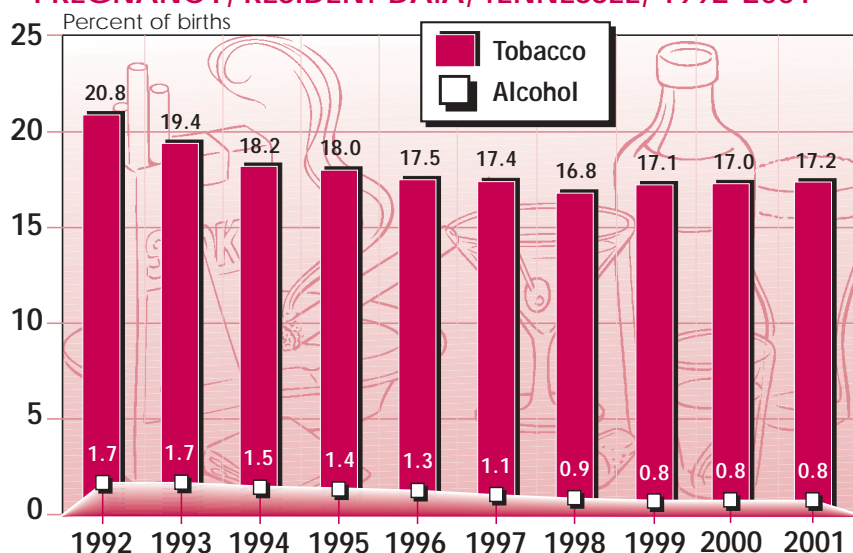


Total includes pregnancies to other racial groups or race not stated.

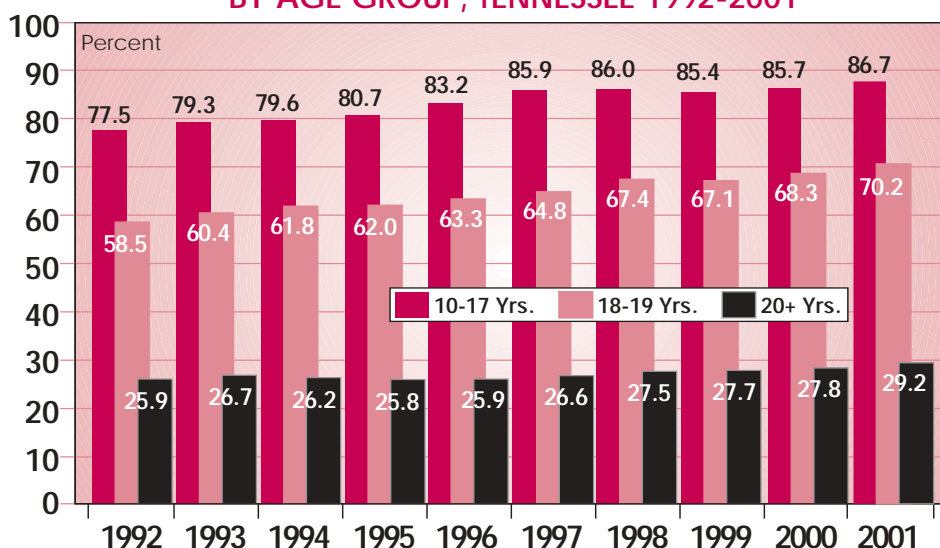
Adolescent pregnancies include births, abortions, and fetal deaths. The total pregnancy rate for females ages 10-17 declined 35.5 percent from 23.4 in 1992 to 15.1 in 2001. The white adolescent rate dropped 29.1 percent from 17.2 in 1992 to 12.2 in 2001. The 1992 black rate of 47.5 dropped 43.2 percent to 27.0 pregnancies per 1,000 females in 2001.

The reporting of alcohol and tobacco use on Tennessee resident birth certificates generally declined over the period 1992-2001. In 2001, 99.0 percent of Tennessee birth certificates indicated no alcohol use, 0.8 percent indicated use, and 0.2 percent did not respond to the question. No tobacco use was indicated on 82.6 percent of the 2001 Tennessee birth certificates, 17.2 percent indicated tobacco use, and the remaining 0.2 percent did not respond. The Year 2010 goal for alcohol abstinence during pregnancy is 94 percent while the goal for tobacco abstinence is 99 percent. NOTE: This data is based on information provided by the mother and may be underreported.

### REPORTED ALCOHOL AND TOBACCO USE DURING PREGNANCY, RESIDENT DATA, TENNESSEE, 1992-2001



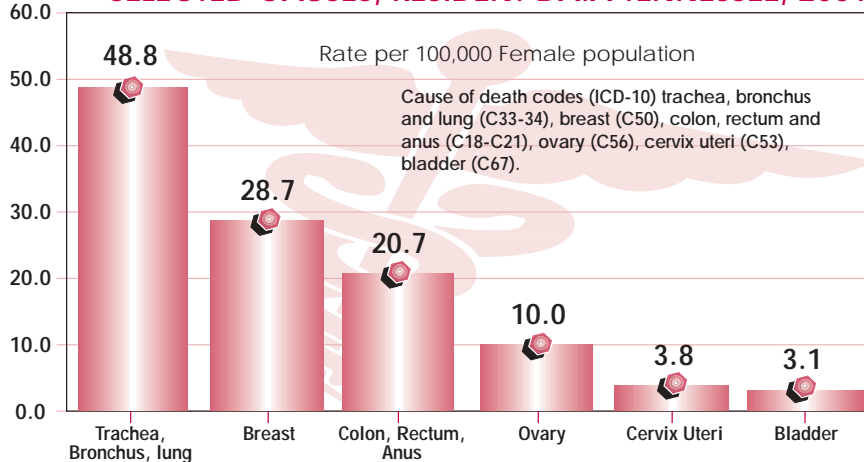
### PERCENT OF BIRTHS TO UNMARRIED MOTHERS BY AGE GROUP, TENNESSEE 1992-2001



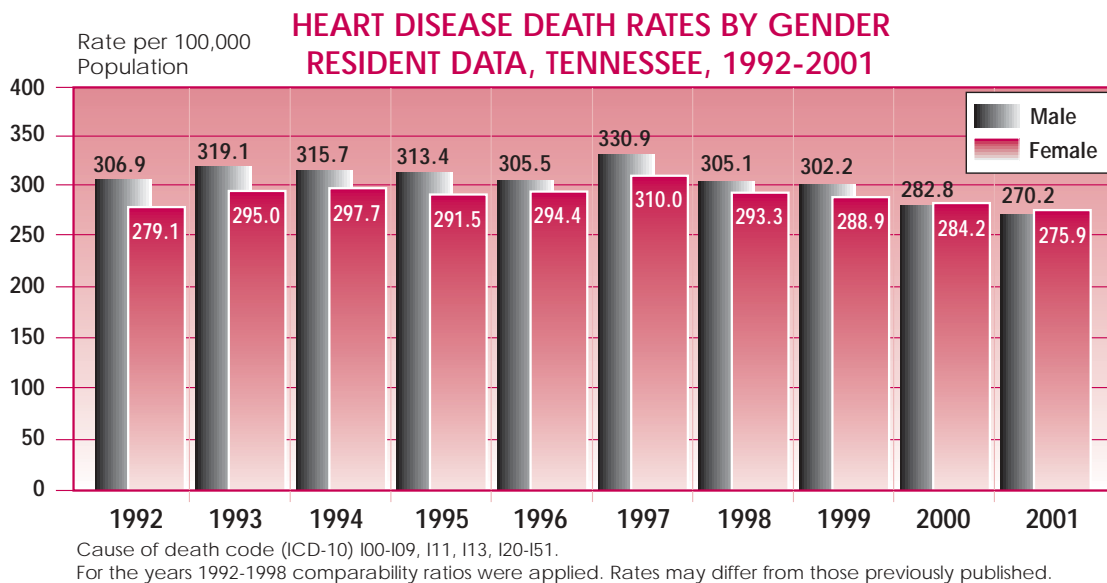
The highest percent of out-of-wedlock births was for mothers under 18 years of age. These babies were at greatest risk for negative social and economic consequences as adolescent mothers very often lack education and job skills. From 1992 to 2001, the percent of out-of-wedlock births increased 11.9 percent for mothers aged 10-17, 20.0 percent for mothers 18-19, and 12.7 percent for mothers 20 years and older.

There were 5,637 malignant neoplasms deaths for females in 2001. Of these deaths, cancer of the trachea, bronchus, and lung had the highest rate (48.8) followed by breast cancer (28.7). These two causes accounted for 40.5 percent of the total cancer deaths for females in 2001.

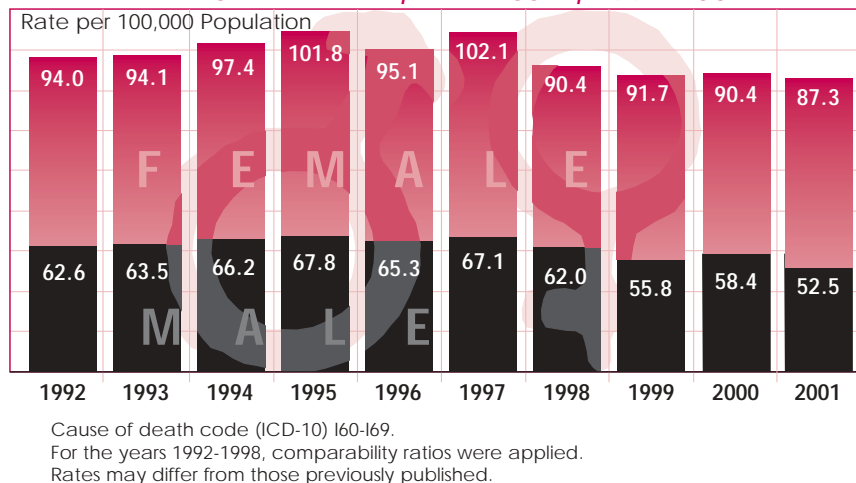
### CANCER DEATH RATES FOR FEMALES FOR SELECTED CAUSES, RESIDENT DATA TENNESSEE, 2001



Heart disease, the leading cause of death in Tennessee, has generally declined in recent years. However, while the crude death rate for males declined 12.0 percent from 1992 to 2001, the rate for females only decreased 1.1 percent for the same period. In 1992, the rate for males was 10.0 percent greater than the female death rate. By 2001, the female rate for heart disease had exceeded the male death rate by 2.1 percent.



### CEREBROVASCULAR DISEASE DEATH RATES BY GENDER RESIDENT DATA, TENNESSEE, 1992-2001



Tennessee's cerebrovascular disease death rate was higher for females than for males for the period 1992-2001. The crude death rate for females increased to a high of 102.1 deaths per 100,000 females in 1997 and then decreased. The 2001 rate for females of 87.3 was the lowest for the ten-year period but was 66.3 percent higher than the rate of 52.5 for males.

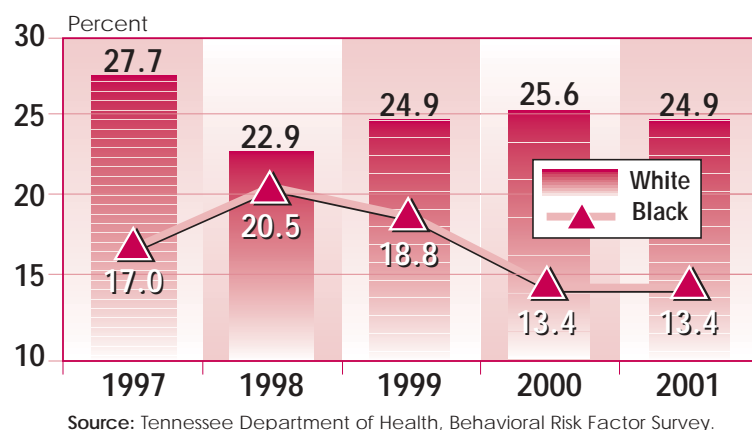
In 2001, males continued to have a higher death rate for malignant neoplasms than females, but the rates for females for heart disease and

cerebrovascular diseases were each greater than those for males. The crude death rate for white females was greater than both the total and black female rates for seven of the ten leading causes in 2001. Black females had higher death rates per 100,000 population for diabetes, and nephritis, nephrotic syndrome and nephrosis, and septicemia as classified by the International Classification of Disease Codes (ICD-10).

### LEADING CAUSES OF DEATH (ICD-10 CODES) FOR FEMALES BY RACE, WITH RATES PER 100,000 POPULATION RESIDENT DATA, TENNESSEE, 2001

Cause	Total	Rate	White	Rate	Black	Rate
<b>Total Deaths</b>	<b>28,150</b>	<b>955.9</b>	<b>23,841</b>	<b>1010.8</b>	<b>4,211</b>	<b>850.4</b>
1. Diseases of heart (I00-I09, I11, I13, I20-I51)	8,125	275.9	6,919	293.4	1,189	240.1
2. Malignant neoplasms (C00-C97)	5,637	191.4	4,720	200.1	889	179.5
3. Cerebrovascular diseases (I60-I69)	2,570	87.3	2,211	93.7	349	70.5
4. Chronic lower respiratory disease (J40-J47)	1,453	49.3	1,350	57.2	100	20.2
5. Diabetes (E10-E14)	959	32.6	701	29.7	257	51.9
6. Influenza and pneumonia (J10-J18)	930	31.6	846	35.9	83	16.8
7. Accidents (V01-X59, Y85-Y86)	913	31.0	791	33.5	115	23.2
Motor vehicle accidents (V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0-V89.2)	376	12.8	313	13.3	57	11.5
8. Alzheimer's disease (G30)	810	27.5	741	31.4	69	13.9
9. Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	334	11.3	246	10.4	87	17.6
10. Septicemia (A40-A41)	278	9.4	226	9.6	51	10.3



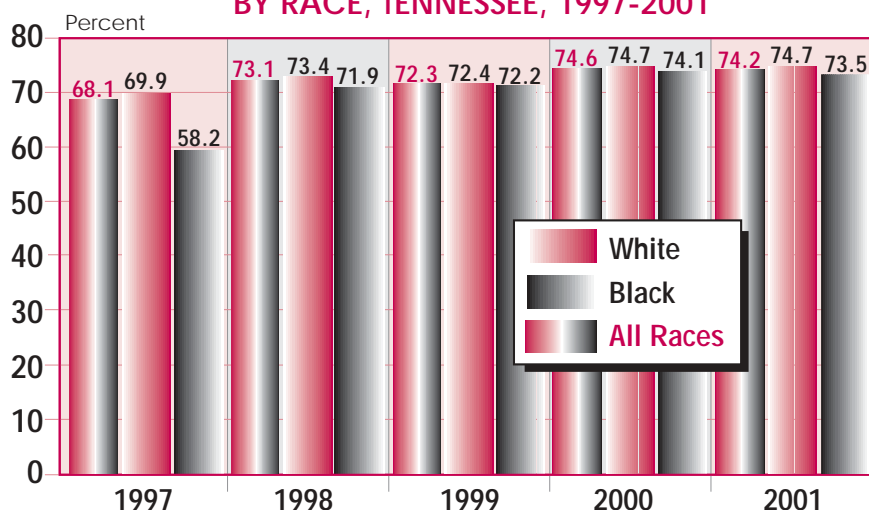


## PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY ARE CURRENT SMOKERS, BY RACE, TENNESSEE, 1997-2001

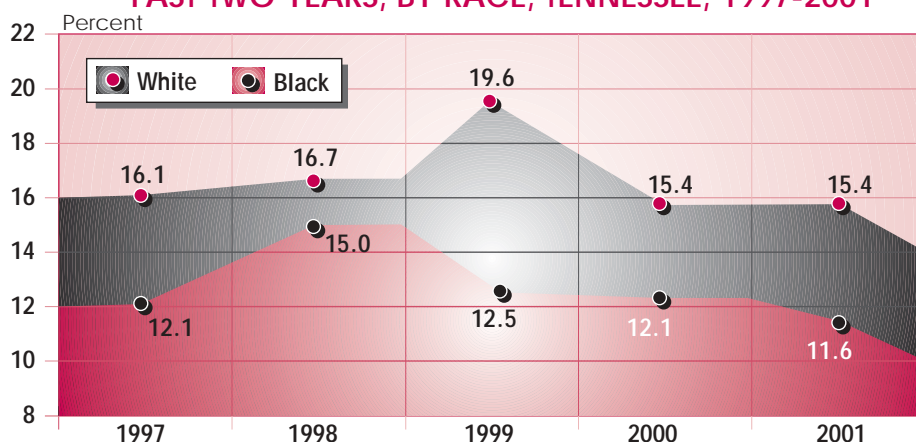
Tobacco use is a major risk factor for heart disease, cancer, respiratory, and other diseases. The percent of women aged 18 years and older who reported they were smokers was greater for whites than blacks according to data collected from the Tennessee Behavioral Risk Factor Survey for 1997-2001. For these women, the percent of white female smokers declined 10.1 percent from 1997 to 2001 while the percent of black female smokers declined 21.2 percent over the same period.

Breast cancer is the second leading cause of cancer death among Tennessee's women. Screening for breast cancer can reduce the mortality rate by providing early detection. Data from the Tennessee Behavioral Risk Factor Survey provides data by race of the percent of women aged 40 and older who stated they had a mammogram within the last two years. These percentages increased for both whites and blacks over the period 1997-2001, and Tennessee's total for 2001 was 74.2 percent. This percentage exceeded the national objective for the year 2010 which is for 70.0 percent of all women aged 40 and older to have had a mammogram within the last two years.

## PERCENT OF WOMEN AGED 40 AND OLDER WHO REPORTED THEY HAD A MAMMOGRAM AND BREAST EXAM WITHIN LAST TWO YEARS BY RACE, TENNESSEE, 1997-2001



## PERCENT OF WOMEN AGED 18 YEARS AND OLDER WHO REPORTED THEY DID NOT HAVE A PAP SMEAR WITHIN THE PAST TWO YEARS, BY RACE, TENNESSEE, 1997-2001



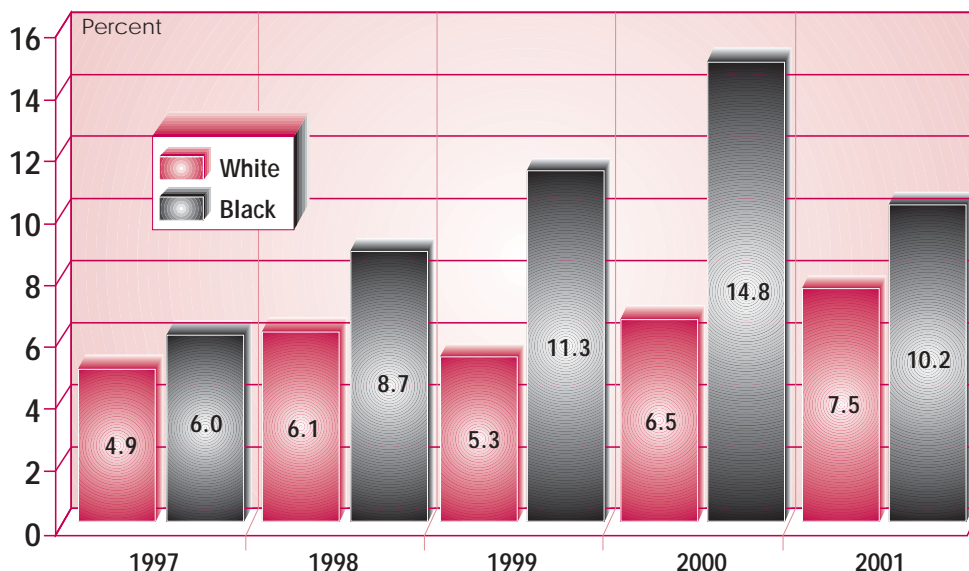
Mortality from invasive cervical cancer can be reduced with the use of the pap test through early detection and intervention. The Behavioral Risk Factor Survey results indicate that the percent of women 18 years and older who did not have a pap smear within the past two years fluctuated throughout the period of 1997-2001. The survey also showed the percentages were greater for whites than blacks for the five-year period. The 2010 national objective is for 90 percent of women aged 18 years and older to have received a Pap test within the preceding three years.

In 2001, the Behavioral Risk Factor Survey indicated 7.5 percent of white women and 10.2 percent of black women reported diabetes. Diabetes was the fifth leading cause of death for women in Tennessee for 2001. Diabetes has been associated with end-stage renal disease, blindness, and lower extremity amputation. Women with diabetes have increased pregnancy complications and higher rates of infants born with birth defects.

The Behavioral Risk Factor Surveillance System is a state-based computer-assisted telephone interviewing effort conducted in cooperation with the Centers for Disease Control and Prevention. Since 1984, adults have been surveyed every month in randomly selected households throughout the state. Questions are constructed to determine the behaviors of individuals that will affect their risk of developing chronic diseases that may lead to premature mortality and morbidity.

**NOTE:** The population estimates for Tennessee used to calculate the rates in this report were based on figures prepared from the 2000 census on May 31, 2002 by Health Statistics and Research. These revised population figures may result in rates that differ from those previously published.

## PERCENT OF WOMEN WHO REPORTED DIABETES BY RACE, TENNESSEE, 1997-2001



Source: Tennessee Department of Health, Behavioral Risk Factor Survey.

**Age-adjustment** is a technique that removes the effect that differences in age distributions have on mortality rates for two or more groups being compared.

Birth and death certificates filed with the Office of Vital Records supplies the pregnancy, birth, and death data for this report.

Please visit the **Health Statistics and Research** and **Health Information Tennessee (HIT)** pages at the **Health Data** site on the Tennessee Department of Health website: [www.tennessee.gov/health](http://www.tennessee.gov/health)

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